JAN 2 1 2015



NPDES Permit Tracking No.:
MAR05DF38



United States Environmental Protection Agency
Washington, DC 20460

Annual Reporting Form
A. GENERAL INFORMATION
1. Facility Name: Borges Fore ign Auto Parts, Inc.
2. NPDES Permit Tracking No.: MAR05DF38
3. Facility Physical Address:
a. Street: 2200 Lewis Street!
b. City: Dighton c. State: MA d. Zip Code: 02715 -
4. Lead Inspectors Name: Juan Martinez Title: Title:
Additional Inspectors Name(s):
5. Contact Person: Manny Borges Title: Owner
Phone: 508 - 662 - 6150 Ext E-mail: milke@borgesaulto.com
6. Inspection Date: 111 / 20 / 20 14
B. GENERAL INSPECTION FINDINGS
1. As part of this comprehensive site inspection, did you inspect all potential pollutant sources, including areas where industrial activity may be exposed to stormwater?
If NO, describe why not:
NOTE: Complete Section C of this form for each industrial activity area inspected and included in your SWPPP or as newly identified in B.2 or B.3 below where pollutants may be exposed to stormwater.
2. Did this inspection identify any stormwater or non-stormwater outfalls not previously identified in your SWPPP?   YES  NO
If YES, for each location, describe the sources of those stormwater and non-stormwater discharges and any associated control measures in place:

3. Did this inspection identify any sources of stormwater or non-stormwater discharges not previously identified in your SWPPP?   YES  NO
If YES, describe these sources of stormwater or non-stormwater pollutants expected to be present in these discharges, and any control measures in place:
4. Did you review stormwater monitoring data as part of this inspection to identify potential pollutant hot spots? 🗹 YES 🔲 NO 📑 NA, no monitoring performed
If YES, summarize the findings of that review and describe any additional inspection activities resulting from this review:
Storm water sampling at or below benchmark.
5. Describe any evidence of pollutants entering the drainage system or discharging to surface waters, and the condition of and around outfalls, including flow dissipation measures to prevent scouring:
No visible pollutants. All outfalls are in good condition.
6. Have you taken or do you plan to take any corrective actions, as specified in Part 3 of the permit, since your last annual report submission (or since you received authorization to discharge under this permit if this is your first annual report), including any corrective actions identified as a result of this annual comprehensive site
If YES, how many conditions requiring review for correction action as specified in Parts 3.1 and 3.2 were addressed by these corrective actions?
NOTE: Complete the attached Corrective Action Form (Section D) for each condition identified, including any conditions identified as a result of this comprehensive stormwater inspection.

C. INDUSTRIAL ACTIVITY AREA SPECIFIC FINDINGS	7.50						
Complete one block for each industrial activity area where pollutants ma	y be expos	ed to stormwater.	Copy this page for additional industrial activity areas.				
In reviewing each area, you should consider:  Industrial materials, residue, or trash that may have or could come  Leaks or spills from industrial equipment, drums, tanks, and other or	<ul> <li>n reviewing each area, you should consider:</li> <li>Industrial materials, residue, or trash that may have or could come into contact with stormwater;</li> <li>Leaks or spills from industrial equipment, drums, tanks, and other containers;</li> <li>Offsite tracking of industrial or waste materials from areas of no exposure to exposed areas; and</li> </ul>						
INDUSTRIAL ACTIVITY AREA Holding Arna	10 UNPULL	To exposed areas.					
Brief Description:							
Incoming vehicle staging area							
-							
Are any control measures in need of maintenance or repair?	☐ YES	☑ NO					
Have any control measures failed and require replacement?	☐ YES	_					
4. Are any additional/revised control measures necessary in this area?	☐ YES	☑ NO					
If YES to any of these three questions, provide a description of the problem Corrective Action Form)	ı: (Any nec		ctions should be described on the attached				
Containe Action 1 Ging							
INDUSTRIAL ACTIVITY AREA Desmanther							
1. Brief Description:							
Area where vehicles are dismantled							
2. Are any control measures in need of maintenance or repair?	☐ YES	☑ NO					
Have any control measures failed and require replacement?	☐ YES	☑ NO					
4. Are any additional/revised c necessary in this area?	☐ YES	_ ☑ NO					
If YES to any of these three questions, provide a description of the problem. Corrective Action Form)	: (Any nece		tions should be described on the attached				
Gondan Fichal Comp							
INDUSTRIAL ACTIVITY AREA Fluid Man							
Brief Description:							
Areas where fluids are stored							
2. Are any control measures in need of maintenance or repair?	☐ YES	☑ NO					
B. Have any control measures failed and require replacement?	YES	☑ NO					
Are any additional/revised BMPs necessary in this area?	☐ YES	☑ NO					
If YES to any of these three questions, provide a description of the problem: Corrective Action Form)	(Any neces	sary corrective active	ons should be described on the attached				
Corrective Action Form)							

INDUSTRIAL ACTIVITY AREA Parts Shor			NOTE: Copy this page and attach a	dditional pages as necessar
1. Brief Description:				
Areas where parts are stored				
A das where parts are stored				
Are any control measures in need of maintenance or repair?	☐ YES	S ☑ NO		
3. Have any control measures failed and require replacement?	☐ YES	_		
4. Are any additional/revised BMPs necessary in this area?	☐ YES	. ☑ NO		
If YES to any of these three questions, provide a description Corrective Action Form)	of the probles	m: (Any necessary c	orrective actions should be described on the	attached
Corrective Action Form)		-		
INDUSTRIAL ACTIVITY AREA vehicle St				
1. Brief Description:				
Area where vehicles are stored.				
the time to make are aloned.				
2. Are any control measures in need of maintenance or repair?	☐ YES	<b>☑</b> NO		
Have any control measures failed and require replacement?	☐ YES	⊠ NO		
4. Are any additional/revised BMPs necessary in this area?	☐ YES	☑ NO		
If YES to any of these three questions, provide a description of	of the problem		rrective actions should be described on the	attached
Corrective Action Form)		•		maorica
NDUSTRIAL ACTIVITY AREA Parts Was				
1. Brief Description:				
Area where parts are washed.				
, weather parts are wasned.				
2. Are any control measures in need of maintenance or repair?	☐ YES	<b>☑</b> NO		
B. Have any control measures failed and require replacement?	☐ YES	☑ NO		
Are any additional/revised BMPs necessary in this area?	☐ YES	☑ NO		l
If YES to any of these three questions, provide a description of Corrective Action Form)			rective actions should be described on the at-	tached
Corrective Action Form)		, 22	The second of the all	
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D. CORRECTIVE ACTIONS					
Complete this page for each specific condition requiring a corrective action or a review determining that no corrective action is needed. Copy this page for additional corrective actions or reviews.					
Include both corrective actions that have been initiated or completed since the last annual report, and future corrective actions needed to address problems identified in this comprehensive stormwater inspection. Include an update on any outstanding corrective actions that had not been completed at the time of your previous annual report.					
1. Corrective Action # 00 of 00 for this reporting period.					
2. Is this corrective action:					
☐ An update on a corrective action from a previous annual report; or					
☐ A new corrective action?					
3. Identify the condition(s) triggering the need for this review:					
Unauthorized release or discharge					
☐ Numeric effluent limitation exceedance ☐ Control measures inadequate to meet applicable water quality standards					
☐ Control measures inadequate to meet applicable water quality standards ☐ Control measures inadequate to meet non-numeric effluent limitations					
☐ Control measures not properly operated or maintained					
☐ Change in facility operations necessitated change in control measures					
☐ Average benchmark value exceedance					
Other (describe):					
4. Briefly describe the nature of the problem identified:					
5. Date problem identified:					
6. How problem was identified:					
☐ Comprehensive site inspection					
☐ Quarterly visual assessment					
☐ Routine facility inspection					
☐ Benchmark monitoring					
☐ Notification by EPA or State or local authorities					
Other (describe):					
7. Description of corrective action(s) taken or to be taken to eliminate or further investigate the problem (e.g., describe modifications or repairs to control measures, analyses to be conducted, etc.) or if no modifications are needed, basis for that determination:					
8. Did/will this corrective action require modification of your SWPPP?					
9. Date corrective action initiated:					
S. Sale convenies action initiates.					
10. Date correction action completed: / / / / or expected to be completed: / / / / / / / / / / / / / / / / / / /					
11. If corrective action not yet completed, provide the status of corrective action at the time of the comprehensive site inspection and describe any remaining steps (including timeframes associated with each step) necessary to complete corrective action:					
II.					

E. ANNUAL REPORT CERTIFICATION
1. Compliance Certification
Do you certify that your annual inspection has met the requirements of Part 4.2 of the permit, and that, based upon the results of this inspection, to the best of your knowledge, you are in compliance with the permit?   YES  NO
If NO, summarize why you are not in compliance with the permit:
2. Annual Report Certification
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
Authorized Representative
Printed Name: Maininy Borges                 Title: Owner
Signature: /// Date Signed: 12/12/2015
·

December 19, 2014

Certified Mail 7014 2870 0001 2710 2851

U.S. Environmental Protection Agency Office of Water, Water Permits Division Mail Code 4203 M, ATTN: MSGP Reports 1200 Pennsylvania Avenue NW Washington, DC 20460

**RE:** Manny Borges

Borges Foreign Auto Parts, Inc.

2200 Lewis Street

Dighton, Massachusetts 02715

Michael Ralamos

James Environmental Management, Inc. is pleased to submit, on behalf of Borges Foreign Auto Parts, Inc., the 2014 EPA Annual Report Form as required under the National Pollutant Discharge Elimination System (NPDES) Storm Water General Permit. It has come to our attention that this report may not have been submitted on time.

Should you have any questions or require additional information, please feel free to call our office at the number below.

Sincerely,

Michael R. James

CC: Manny Borges